WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21432

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 10023

City St. Louis Mo. (No. Jewish Hospital St. ..... Ward)

File No. .....

Registered No. 5996

2. FULL NAME Katherine Flavin

(a) Residence, No. 4900 Fountain Ave St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Flavin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. Mike 1860 1860

7. AGE: About — YEARS: 72 — MONTHS: 3 — DAYS: Unknown — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 93

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 109

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation: 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

FATHER

13. NAME: Dennis McGrath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Margaret Shelley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

17. INFORMANT (ADDRESS): William Flavin, 4900 Fountain Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem. DATE: June 28, 1932

19. UNDERTAKER (ADDRESS): Croghan Und. Co. Inc., 7146 Manchester Ave.

20. FILED: Jun 27 1932 19 Max C Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1932, to 6-25, 1932

I last saw her alive on 6-15, 1932. Death is said to have occurred on the date stated above, at 8:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	

Other contributory causes of importance:

Arteriosclerosis (1)
Myocarditis Chr.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Carl J Reid M. D.

(Address) 3720 Washington